

Parent/Guardian Signature: _____ Date: _____
(For applicants under 18 years old)

Mail Completed Registration Form & Payment to:

**NH DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES
ATTN: MOTORCYCLE RIDER PROGRAM
23 HAZEN DRIVE
CONCORD, NH 03305**

Select Payment Option

☐ Check or Money Order. Please make payable to "NH DMV"

Returned check policy:

We may re-present your checks electronically for any check returned for insufficient or uncollected funds. Your returned check will not be provided to you with your bank statement, but you can get a copy by contacting your financial institution. Per RSA 6:11-a, A fee of \$25 or 5 percent of the face amount of the check, whichever is greater, plus bank fees, will be charged for each returned check and collected with a separate electronic transaction.

☐ Credit card. Please provide your credit card information below:

Type of card

- ☐ Visa
☐ Master Card
☐ American Express

Card Number: _____ Exp. Date: _____

Name of Card Holder: _____

Billing Address: _____

Card Holder's Signature: _____

For Office Use Only

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